

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SO	75316	10/14/02
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	NH	b17	
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	7/13/02
Original	7/23/03
1	✓ V V V
2	✓ V V V
3	✓ V V V
4	✓ V V V
5	✓ ✓
6	○ ○ ○ V
7	✓ V V V
8	✓ V V V
9	✓ ≈ ≈ ≈
10	✓ ≈ ≈ ≈
11	✓ ≈ ≈ ≈
12	✓
13	○ ≈ ≈ ≈
14	○ ≈ ≈ ≈
15	V ≈ ≈ ≈
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17	✓
18	✓
19	✓
20	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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